

IN RE APPLICATION NUMBER: 09/375,901TRANSMITTAL COVER LETTER FOR FACSIMILE TRANSMISSION

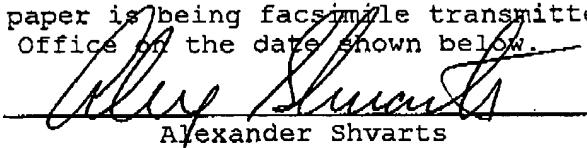
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Hon. Commissioner for Patents
Washington, D.C. 20231Attention: Examiner Krista Kieu-Oanh Bui
Group Art Unit 2611

FACSIMILE NUMBER: (703) 308-6306

THE SENDER IS: Alexander Shvarts
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Tel.: (212) 596-9000
Fax: (212) 596-9090**Official**CLIENT NO. 03597.100CERTIFICATION OF FACSIMILE TRANSMISSIONI hereby certify that this paper is being facsimile transmitted
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Date


Alexander ShvartsTOTAL NUMBER OF PAGES, INCLUDING COVER LETTER: 2DATE: 8/28/01

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Official

REV. 9/00
For Other Than A Small Entity

Docket No. UV-100 CPA

Applicant : Edward B. Knudson
Application No. : 09/375,901 Confirmation No.: 5773
Filed : August 17, 1999
For : APPARATUS AND METHODS FOR CONSTRAINED
SELECTION OF FAVORITE CHANNELS
Examiner : Krista Kieu-Oanh Bui
Group Art Unit : 2611

Hon. Commissioner for Patents
Washington, D.C. 20231

New York, New York
August 28, 2001

TRANSMITTAL LETTER

Sir:

Transmitted herewith: a Preliminary Amendment;
 a Reply to Office Action; a Supplemental Amendment;
 a substitute Specification; a Declaration; a
Supplemental Declaration; a Power of Attorney; an
Associate Power of Attorney; formal drawings; to be filed
in the above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

A fee for additional claims is not required.
 A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
<hr/>				
TOTAL CLAIMS	48	-	28 * =	20 X \$ 18 = \$360
<hr/>				
INDEPENDENT CLAIMS	6	-	4 ** =	2 X \$ 80 = \$160
<hr/>				
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM				+ \$270 = \$
<hr/>				

* If less than 20, insert 20. TOTAL \$520

** If less than 3, insert 3.

A check in the amount of \$____ in payment of the filing fee is transmitted herewith.

The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

Please charge \$520 to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

EXTENSION FEE

The following extension is applicable to the Response filed herewith; \$110.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); \$390.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); \$890.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); \$1,390.00 extension fee for response within fourth month pursuant to 37 C.F.R.

§ 1.136(a); \$1,890.00 within fifth month pursuant to
37 C.F.R. § 1.136(a).

A check in the amount of [] \$110.00; [] \$390.00;
[] \$890.00; [] \$1,390.00; [] \$1,890.00 in
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The Director is hereby authorized to charge payment
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[] \$890.00; [] \$1,390.00; [] \$1,890.00; extension
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copy of this transmittal letter is transmitted
herewith.

Respectfully submitted,



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